PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. National Draft Ben Carson for President Committee 370 Maple Avenue W ADDRESS (number and street) Suite 4 (Check if address is changed) Vienna 22180-5615 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rfrank@frankandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.2016committee.org (Check if address is changed) DATE 03 2015 C00548420 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Robert H. Frank Type or Print Name of Treasurer Robert H. Frank [Electronically Filed] 03 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i aye Z				
Can	ndidate	e Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(5)				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Func	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.						
	3.	FEC ID number					
	4.						

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۱۸	FEC Form 1 (Revised of Virte or Type Committee Name		Page 3
		Ben Carson for President Committee	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
2	016 COMMITTEE; T		
Ĺ		' ¹ -	
	Mailing Address	370 MAPLE AVENUE W SUITE 4	
		VIENNA VA 22180-5615	
		CITY STATE ZIF	CODE
	Relationship: Connected	d Organization ★ Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
	Custodian of Records: Ider	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
	books and records.		
	Robert H.	Frank	1
		1360 Beverly Road	
	Mailing Address	Suite 300	
		McLean , VA , 22101-3646	
	Title or Position	CITY STATE ZIP	CODE
	Custodian of Records	703 - 821 Telephone number	- 0702
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name	and address of
	Full Name Robert H. of Treasurer	Frank 	
	Mailing Address	1360 Beverly Road	
		Suite 300	.
		McLean VA 22101-3646	- , , ,
	TW 8 **	CITY STATE ZIP	CODE
	Title or Position Treasurer	703 - 821 Telephone number	0702
		ielephone number	

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Full Name of Designated Agent	Chuck Muth	
Mailing Address	767 Benedict Drive	
	Las Vegas CITY STATE R9110-4205 STATE ZIP 0	CODE
Title or Position Assistant Treas	urer	3291
	Depositories: List all banks or other depositories in which the committee deposits funds, holds accoxes or maintains funds.	ounts, rents
Name of Bank,	Depository, etc.	
	First Virginia Community Bank	
Mailing Address	11325 Random Hills Road	
	Fairfax VA 22030-6051	
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
	Wells Fargo Bank	
Mailing Address	PO Box 6995	
	Portland OR 97228-6995	
	CITY STATE ZIP	CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: